

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 1130308
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS: Original
PERMIT NUMBER: 4MP00028*AM
STATION CODE: 401
MONITORING PERIOD : 2021-07-01 To: 2021-07-31
REPORTING LAB: Brookside
ANALYST: Charel Rex
NO DISCHARGE INDICATOR:

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2021-07-01							
2021-07-02							
2021-07-03							
2021-07-04							
2021-07-05							
2021-07-06	7.55	0.048	AA5.0	AA5.0	2215	138.4	.10
2021-07-07							
2021-07-08							
2021-07-09							
2021-07-10							
2021-07-11							
2021-07-12							
2021-07-13							
2021-07-14							
2021-07-15							
2021-07-16							
2021-07-17							
2021-07-18							
2021-07-19							
2021-07-20	7.67	.0299	AA5.0	AA5.0	2030	132.846	.13
2021-07-21							
2021-07-22							
2021-07-23							
2021-07-24							
2021-07-25							
2021-07-26							
2021-07-27	7.64	.0283	AA5.0	AA5.0	2234	121.053	.20
2021-07-28	7.600	.0307	AA5.0	AA5.0	2236	104.576	.20
2021-07-29							
2021-07-30							
2021-07-31	7.64	.0287	AA5.0	AA5.0	2150	254.410	.20
Minimum	7.55	0.0283	0.0	0.0	2030.0	104.576	0.1
Maximum	7.67	0.048	0.0	0.0	2236.0	254.41	0.2
Average		0.03312	0	0	2173	150.257	0.166
Count	5	5	5	5	5	5	5
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2022-03-17 15:03	

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SUBMISSION ID:	1130308	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	401
	Ashley, OH 43003	MONITORING PERIOD :	2021-07-01 To: 2021-07-31
COUNTY:	Morrow	REPORTING LAB:	Brookside
DISTRICT:	CDO	ANALYST:	Charel Rex
		NO DISCHARGE INDICATOR:	

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-07-01						
2021-07-02						
2021-07-03						
2021-07-04						
2021-07-05						
2021-07-06	.108					
2021-07-07						
2021-07-08						
2021-07-09						
2021-07-10						
2021-07-11						
2021-07-12						
2021-07-13						
2021-07-14						
2021-07-15						
2021-07-16						
2021-07-17						
2021-07-18						
2021-07-19						
2021-07-20	.14256					
2021-07-21						
2021-07-22						
2021-07-23						
2021-07-24						
2021-07-25						
2021-07-26						
2021-07-27	.216					
2021-07-28	.216					
2021-07-29						
2021-07-30						
2021-07-31	.216					
Minimum	0.108					
Maximum	0.216					
Average	0.17971					
Count	5					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Jeffrey Williamson						Certification Version Date 2022-03-17 15:03

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SUBMISSION ID: FACILITY: LOCATION:	1130308 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD :	Original 4MP00028*AM 402 2021-07-01 To: 2021-07-31
COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate-Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-07-01							
2021-07-02							
2021-07-03							
2021-07-04							
2021-07-05							
2021-07-06							
2021-07-07							
2021-07-08							
2021-07-09							
2021-07-10							
2021-07-11							
2021-07-12							
2021-07-13							
2021-07-14							
2021-07-15							
2021-07-16							
2021-07-17							
2021-07-18							
2021-07-19							
2021-07-20							
2021-07-21							
2021-07-22							
2021-07-23							
2021-07-24							
2021-07-25							
2021-07-26							
2021-07-27							
2021-07-28							
2021-07-29							
2021-07-30							
2021-07-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2022-03-17 15:03	

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COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-07-01						
2021-07-02						
2021-07-03						
2021-07-04						
2021-07-05						
2021-07-06						
2021-07-07						
2021-07-08						
2021-07-09						
2021-07-10						
2021-07-11						
2021-07-12						
2021-07-13						
2021-07-14						
2021-07-15						
2021-07-16						
2021-07-17						
2021-07-18						
2021-07-19						
2021-07-20						
2021-07-21						
2021-07-22						
2021-07-23						
2021-07-24						
2021-07-25						
2021-07-26						
2021-07-27						
2021-07-28						
2021-07-29						
2021-07-30						
2021-07-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Jeffrey Williamson			Certification Version Date 2022-03-17 15:03

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1130308 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 403 2021-07-01 To: 2021-07-31 AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-07-01							
2021-07-02							
2021-07-03							
2021-07-04							
2021-07-05							
2021-07-06							
2021-07-07							
2021-07-08							
2021-07-09							
2021-07-10							
2021-07-11							
2021-07-12							
2021-07-13							
2021-07-14							
2021-07-15							
2021-07-16							
2021-07-17							
2021-07-18							
2021-07-19							
2021-07-20							
2021-07-21							
2021-07-22							
2021-07-23							
2021-07-24							
2021-07-25							
2021-07-26							
2021-07-27							
2021-07-28							
2021-07-29							
2021-07-30							
2021-07-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2022-03-17 15:03	

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SUBMISSION ID: FACILITY: LOCATION:	1130308 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD :	Original 4MP00028*AM 403 2021-07-01 To: 2021-07-31
COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-07-01						
2021-07-02						
2021-07-03						
2021-07-04						
2021-07-05						
2021-07-06						
2021-07-07						
2021-07-08						
2021-07-09						
2021-07-10						
2021-07-11						
2021-07-12						
2021-07-13						
2021-07-14						
2021-07-15						
2021-07-16						
2021-07-17						
2021-07-18						
2021-07-19						
2021-07-20						
2021-07-21						
2021-07-22						
2021-07-23						
2021-07-24						
2021-07-25						
2021-07-26						
2021-07-27						
2021-07-28						
2021-07-29						
2021-07-30						
2021-07-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Jeffrey Williamson			Certification Version Date 2022-03-17 15:03

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1130308 H2-Oh-Yeah 2134 C.R. 224 Ashely, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 602 2021-07-01 To: 2021-07-31 Brookside Charel Rex
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PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2021-07-01							
2021-07-02							
2021-07-03							
2021-07-04							
2021-07-05	2.2215	.3200					
2021-07-06							
2021-07-07							
2021-07-08							
2021-07-09							
2021-07-10							
2021-07-11							
2021-07-12	2.2700	.3050	AA5.0	17.91	1.1199	0	.7200
2021-07-13							
2021-07-14							
2021-07-15							
2021-07-16							
2021-07-17							
2021-07-18							
2021-07-19	.8500	.4800					
2021-07-20							
2021-07-21							
2021-07-22							
2021-07-23							
2021-07-24							
2021-07-25							
2021-07-26	1.000	.4560	AA5.0	24.9675	.2040	0	.7250
2021-07-27							
2021-07-28							
2021-07-29							
2021-07-30							
2021-07-31							
Minimum	0.85	0.305	0.0	17.91	0.204	0.0	0.72
Maximum	2.27	0.48	0.0	24.9675	1.1199	0.0	0.725
Average	1.58538	0.39025	0	21.43875	0.66195	0	0.7225
Count	4	4	2	2	2	2	2
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>		Submission Date/Time <div style="text-align: center;"> Certification Version Date 2022-03-17 15:03 </div>

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1130308 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 602 2021-07-01 To: 2021-07-31 Brookside Charel Rex
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PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2021-07-01							
2021-07-02							
2021-07-03							
2021-07-04							
2021-07-05			7.94	AA5.0	AA5.0	AA5.0	
2021-07-06							
2021-07-07							
2021-07-08							
2021-07-09							
2021-07-10							
2021-07-11							
2021-07-12	26.5460	2					
2021-07-13							
2021-07-14							
2021-07-15							
2021-07-16							
2021-07-17							
2021-07-18							
2021-07-19							
2021-07-20							
2021-07-21							
2021-07-22							
2021-07-23							
2021-07-24							
2021-07-25							
2021-07-26	20.7620	2					
2021-07-27							
2021-07-28							
2021-07-29							
2021-07-30							
2021-07-31							
Minimum	20.762	2.0	7.94	0.0	0.0	0.0	
Maximum	26.546	2.0	7.94	0.0	0.0	0.0	
Average	23.654	2		0	0	0	
Count	2	2	1	1	1	1	
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>		Submission Date/Time <div style="text-align: center;"> Certification Version Date 2022-03-17 15:03 </div>

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FACILITY:
LOCATION:

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

PERMIT NUMBER:
MONITORING PERIOD :

4MP00028*AM
2021-07-01 To: 2021-07-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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